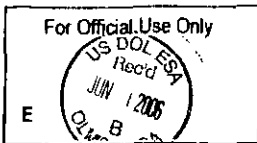


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8439	2. Fiscal Year Covered From: 01/01/05 Through: 12/31/05
3. Name and address of person filing. Name Manuel Balelo P.O. Box, Bldg., Room No., if any Street 3336 Lowell Street City San Diego State California ZIP Code + 4 92106	4. Name, file number, and address of labor organization. Name Fishermen's Union of America, Pacific & Caribbean Area, AFL-CIO Labor Organization File Number 506-639 P.O. Box, Building and Room Number, if any Street 3940 Hancock Street #108 City San Diego State California ZIP Code + 4 92110-5157
5. Position in labor organization. Secretary - Treasurer / Business Agent	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Manuel S Balelo

On 05-23-06
Date

619-2210202
Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *Fishermen's Union of America
Pacific & Caribbean Area, AFL-CIO*
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *3940 Hancock Street #108*

City *San Diego*

State *California*

ZIP Code + 4 *92110-5157*

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name *Tuna Fishermen's Trust*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *3940 Hancock Street #108*

City *San Diego*

State *California*

ZIP Code + 4 *92110-5157*
95-6042008

11.a. Nature of such dealing.

*Meetings of the Board of Trustees
held on 2-17-05 and 7-6-05.
Lunch for Trustees
\$13.75*

11.b. Approximate dollar value of such dealing. *\$13.75*

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

8. Fishermen's Union of America
Pacific + Caribbean Area, AFL-CIO
3940 Hancock Street #108
San Diego, California 92110-5157

9.

x b. Trust

10. Fishermen's Pension Trust Fund
3940 Hancock Street #108
San Diego, California 92110-5157
95-6248054

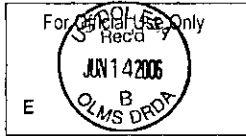
11. Meetings of the
Board of Trustees
held on 2-17-05 and
7-6-05.
\$ 14.46

11. b. \$ 14.46

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



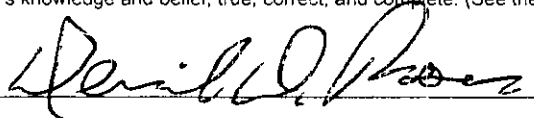
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8644	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name DANIEL D ROSE P.O. Box, Bldg., Room No., if any 1153 Street City LOCKPORT State New York ZIP Code + 4 14095	4. Name, file number, and address of labor organization. Name BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO.3 Labor Organization File Number 542-241 P.O. Box, Building and Room Number, if any 17A Street 2350 NORTH FOREST ROAD City GETZVILLE State New York ZIP Code + 4 14068
5. Position in labor organization. PRESIDENT/SECRETARY-TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name INTERNATIONAL MASONRY INSTITUTE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 523 COLUMBIA DRIVE City JOHNSON CITY State New York ZIP Code + 4 13790	7.a. Nature of Interest, Transaction, or Income. REIMBURSEMENTS LODGING 12/2/05 7.b. Amount. \$866

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 6/1/2006 Date	(716) 636-6100 Telephone Number

Name of Person Filing DANIEL ROSE	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>9. Business deals with:</p> <p>a. Labor Organization <input type="checkbox"/></p> <p>b. Trust <input type="checkbox"/></p> <p>c. Employer <input type="checkbox"/></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p>_____</p>
	<p>11.b. Approximate dollar value of such dealing.</p> <p>_____</p>
	<p>12.a. Nature of interest held or income received.</p> <p>_____</p>
	<p>12.b. Amount.</p> <p>_____</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
<p>13.b. Is the Business an Employer or Consultant ?</p> <p>_____</p>	<p>14.b. Amount of payment.</p> <p>_____</p>